
State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H19G Group Health - Travel/H19G.000 Health - Travel		
Product Name:	UHC Short Term Travel		
Project Name/Number:	UHC POL.STT.I.13 IMC/UHC POL.STT.I.13 IMC		

Filing at a Glance

Company:	UnitedHealthcare Insurance Company
Product Name:	UHC Short Term Travel
State:	District of Columbia
TOI:	H19G Group Health - Travel
Sub-TOI:	H19G.000 Health - Travel
Filing Type:	Form
Date Submitted:	11/11/2019
SERFF Tr Num:	INCS-132150964
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	POL.STT.I.13.F IMC
Implementation	01/01/2020
Date Requested:	
Author(s):	Renee Weaver
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia
TOI/Sub-TOI: H19G Group Health - Travel/H19G.000 Health - Travel
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Filing Company: UnitedHealthcare Insurance Company

General Information

Project Name: UHC POL.STT.I.13 IMC
Project Number: UHC POL.STT.I.13 IMC
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 11/11/2019
State Status Changed:
Created By: Renee Weaver
Corresponding Filing Tracking Number: INCS-132150952

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: does not require prior approval
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: Renee Weaver

Filing Description:

Innovative Compliance Solutions, LLC has been retained by UnitedHealthcare Insurance Company to file the above mentioned filing in your state. An authorization letter has been attached to the Supporting Documents tab.

Please see attached Cover Letter under the supporting docs tab for details.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

Renee Weaver
Compliance Consultant
Innovative Compliance Solutions, LLC
Ph: 763-323-8643
Email: rweaver@innovative-compliance.com

Company and Contact

Filing Contact Information

Renee Weaver, Consultant
13883 Eidelweiss ST NW
Andover, MN 55304

rweaver@innovative-compliance.com
763-323-8643 [Phone]

Filing Company Information

(This filing was made by a third party - innovativecompliancesolutions)

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type:
Hartford, CT 06103	Group Name:	State ID Number:
(800) 357-1371 ext. [Phone]	FEIN Number: 36-2739571	

Filing Fees

Fee Required? No

State: District of Columbia**Filing Company:** UnitedHealthcare Insurance Company**TOI/Sub-TOI:** H19G Group Health - Travel/H19G.000 Health - Travel**Product Name:** UHC Short Term Travel**Project Name/Number:** UHC POL.STT.I.13 IMC/UHC POL.STT.I.13 IMC

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
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Form Schedule

Lead Form Number: BUSINESSTRAVEL.AMD.I.13.STT.DC								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		BUSINESS TRAVEL AMENDMENT	BUSINESS TRAVEL.AMD.I.13.STT.DC	CERA	Initial		44.600	Amend-INS-2013-BUSINESS TRAVEL filing copy.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Business Travel Amendment

UnitedHealthcare Insurance Company

As described in this Amendment, the Policy is modified as described below.

To the extent it may conflict with any Amendment issued to you previously, the provisions of this Amendment will govern.

Because this Amendment is part of a legal document (the group Policy), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 8: Defined Terms*.

The following provision, Certificate of Coverage is Part of Policy, in the Certificate of Coverage is replaced with the following:

Certificate of Coverage is Part of Policy

THE POLICY PROVIDES COVERAGE THAT IS SUPPLEMENTAL TO A DOMESTIC GROUP HEALTH PLAN. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL POLICY.

The Policy covers Emergency Health Services and urgent care services. The Policy also covers emergent care services (services that if not provided would likely result in a Covered Person's hospitalization).

¹Include only if Policy is issued to support business travel and select "primarily", "solely" or "for the purpose of business" as applicable.

This *Certificate of Coverage (Certificate)* is part of the Policy that is a legal document between [UnitedHealthcare Insurance Company] and the Enrolling Group to provide supplemental Benefits to Subscribers, subject to the terms, conditions, exclusions and limitations of the Policy. Benefits under the Policy are designed to provide supplemental coverage while a Subscriber is traveling [50 -250] miles or more outside his or her permanent residence [¹[solely] [primarily] [for the purpose of business], as authorized by the Enrolling Group.] However, Benefits for *Natural Disaster Evacuation* and *Security Evacuation* as described under *Evacuation and Repatriation Benefits* will be limited to travel outside of the Subscriber's home country. These Benefits will be used in conjunction with those of an existing medical plan which provides coverage for services provided within the [Subscriber's home country] [United States]. [Benefits are also available during sojourn travel [for the Subscriber] [and [1 - 12] [family member[s] [and Domestic Partner or Civil Union Partner]], which is leisure travel in conjunction with the original trip. This extended travel can take place before, during or after the original trip. Benefits for sojourn travel are limited to [2 - 90] days.]

We issue the Policy based on the Enrolling Group's application and payment of the required Policy Charges.

In addition to this *Certificate* the Policy includes:

- The *Group Policy*.
- The *Schedule of Benefits*.
- The Enrolling Group's application.
- Riders.
- Amendments.

You can review the Policy at the office of the Enrolling Group during regular business hours.

Section 1: Covered Services

The following provision is added to the Certificate, Section 1: Covered Services under the Medical Benefits section:

Insert next consecutive number

[#.] Mental Health and Substance Use Disorder Services

Mental Health and Substance Use Disorders Services include those received on an inpatient or outpatient basis in a Hospital, an Alternate Facility or in a provider's office. All services must be provided by or under the direction of a properly qualified behavioral health provider.

Benefits include the following levels of care:

- Inpatient treatment.
- Residential Treatment.
- Partial Hospitalization/Day Treatment.
- Intensive Outpatient Treatment.
- Outpatient treatment.

Inpatient treatment and Residential Treatment includes room and board in a Semi-private Room (a room with two or more beds).

Services include the following:

- Diagnostic evaluations, assessment and treatment planning.
- Treatment and/or procedures.
- Medication management and other associated treatments.
- Individual, family, and group therapy.
- Provider-based case management services.
- Crisis intervention.

We encourage you to contact us at the telephone number on your ID card for referrals to providers and coordination of care.

Schedule of Benefits

The following provision, Accessing Supplemental Benefits, in the Schedule of Benefits is replaced with the following:

Accessing Supplemental Benefits

¹Include only if Policy is issued to support business travel and select "primarily", "solely" or "for the purpose of business" as applicable.

Supplemental Benefits are payable for Covered Services that are provided by or under the direction of a Physician or other provider. Benefits are available only for Covered Services received by a Subscriber who is traveling outside [50 - 250] miles or more outside his or her permanent residence [¹[solely] [primarily] [for the purpose of business], as authorized by the Enrolling Group]. [Benefits are also available during sojourn travel [for the Subscriber and [1 - 12] dependent[s], which is leisure travel in conjunction with the original trip. This extended travel can take place before, during or after the original trip. Benefits for sojourn travel are limited to [2 - 90] days.]

If there is a conflict between this *Schedule of Benefits* and any summaries provided to you by the Enrolling Group, this *Schedule of Benefits* will control.

The provision below for Mental Health and Substance Use Disorder Services is added to the Schedule of Benefits:

Covered Service	Benefit (The Amount We Pay, based on Eligible Expenses)	Apply to the [Per Trip] Out-of-Pocket Maximum?	Must You Meet [Annual] [Per Trip] Deductible?
[#.] Mental Health and Substance Use Disorder Services			
[Inpatient <i>Mental Health and Substance Use Disorder Services</i> are limited to [10 - 100] days per year.] [Outpatient <i>Mental Health Services and Substance Use Disorder Services</i> are limited to [10 - 100] visits per year.]	Inpatient [[50 - 100] %]	[Yes] [No]	[Yes] [No]
	Outpatient [[50 - 100] %]	[Yes] [No]	[Yes] [No]

Section 2: Exclusions and Limitations

The following exclusions the Certificate under Section 2: Exclusions and Limitations are deleted:

Mental Health

- Services for the treatment of mental illness or mental health conditions.

Substance Use Disorders

- Services for the treatment of substance use disorder services.

The following exclusion for Mental Health and Substance Use Disorders in the Certificate under Section 2: Exclusions and Limitations, is added:

Mental Health and Substance Use Disorders

In addition to all other exclusions listed in this *Section 2: Exclusions and Limitations*, the exclusions listed directly below apply to services described under *Mental Health and Substance Use Disorders Services* in *Section 1: Covered Services*.

- Services performed in connection with conditions not classified in the current edition of the *International Classification of Diseases* section on *Mental and Behavioral Disorders* or *Diagnostic and Statistical Manual of the American Psychiatric Association*.
- Outside of an initial assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.

3. Outside of an initial assessment, services as treatments for the primary diagnoses of learning disabilities, conduct and disruptive impulse control and conduct disorders, gambling disorder, and paraphilic disorders.
4. Services that are solely educational in nature or otherwise paid under state or federal law for purely educational purposes.
5. Tuition or services that are school-based for children and adolescents required to be provided by, or paid for by, the school under the *Individuals with Disabilities Education Act*.
6. Outside of an initial assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.
7. Transitional Living services.

Section 8: Defined Terms

The definition of Alternate Facility in the Certificate under Section 8: Defined Terms is replaced with the following:

Alternate Facility - a health care facility that is not a Hospital and that provides one or more of the following services on an outpatient basis, as permitted by law:

- Surgical services.
- Emergency Health Services.
- Rehabilitative, laboratory, diagnostic or therapeutic services.

It may also provide Mental Health Services or Substance Use Disorders Services on an outpatient or inpatient basis.

The following definitions are added to the Certificate under Section 8: Defined Terms:

Intensive Outpatient Treatment - a structured outpatient mental health or substance use disorders treatment program. The program may be freestanding or Hospital-based and provides services for at least three hours per day, two or more days per week.

Mental Health Services - services for the diagnosis and treatment of those mental health or psychiatric categories that are listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or the *Diagnostic and Statistical Manual of the American Psychiatric Association*. The fact that a condition is listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or *Diagnostic and Statistical Manual of the American Psychiatric Association* does not mean that treatment for the condition is a Covered Service.

Mental Illness - those mental health or psychiatric diagnostic categories that are listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or *Diagnostic and Statistical Manual of the American Psychiatric Association*. The fact that a condition is listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or *Diagnostic and Statistical Manual of the American Psychiatric Association* does not mean that treatment for the condition is a Covered Service.

Partial Hospitalization/Day Treatment - a structured ambulatory program. The program may be freestanding or Hospital-based and provides services for at least 20 hours per week.

Residential Treatment - treatment in a facility established and operated as required by law, which provides Mental Health or Substance Use Disorders Services. It must meet all of the following requirements:

- Provides a program of treatment, approved by the Mental Health/Substance Use Disorders Designee, under the active participation and direction of a Physician and, approved by the Mental Health/Substance Use Disorder Designee.
- Has or maintains a written, specific and detailed treatment program requiring your full-time residence and participation.
- Provides at least the following basic services in a 24-hour per day, structured setting:
 - Room and board.
 - Evaluation and diagnosis.
 - Counseling.
 - Referral and orientation to specialized community resources.

A Residential Treatment facility that qualifies as a Hospital is considered a Hospital.

Substance Use Disorder Services - services for the diagnosis and treatment of alcoholism and substance-related and addictive disorders that are listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association*. The fact that a disorder is listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association* does not mean that treatment of the disorder is a Covered Service.

Transitional Living - Mental Health Services and Substance Use Disorders Services provided through facilities, group homes and supervised apartments which provide 24-hour supervision and are either:

- Sober living arrangements such as drug-free housing or alcohol/drug halfway houses. They provide stable and safe housing, an alcohol/drug-free environment and support for recovery. They may be used as an addition to ambulatory treatment when it doesn't offer the intensity and structure needed to help you with recovery.
- Supervised living arrangements which are residences such as facilities, group homes and supervised apartments. They provide members with stable and safe housing and the opportunity to learn how to manage their activities of daily living. They may be used as an addition to treatment when it doesn't offer the intensity and structure needed to help you with recovery.

Contract Issuance: Include Effective Date only if Amendment is to be mailed separate from the COC. Do not include effective date when amendment is issued as part of the COC.

[Effective Date of this Amendment: _____]

(Name and Title)

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H19G Group Health - Travel/H19G.000 Health - Travel		
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Supporting Document Schedules

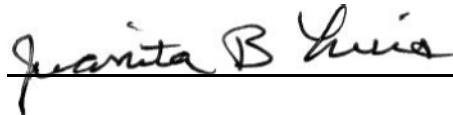
Satisfied - Item:	authorization letter
Comments:	
Attachment(s):	ICS Authorization - UHC 2019.pdf
Item Status:	
Status Date:	

Satisfied - Item:	readability certification
Comments:	
Attachment(s):	Readability.pdf
Item Status:	
Status Date:	

Satisfied - Item:	cover letter
Comments:	
Attachment(s):	Cover Letter IMC Form.pdf
Item Status:	
Status Date:	

COMPANY: **UnitedHealthcare Insurance Company**
NAIC Number: 79413
FEIN Number: 36-2739571

Please accept this letter as authorization for **Innovative Compliance Solutions, LLC** to act as our agent for submission of policy forms and rate information and to perform each and every act necessary in connection with such submission on behalf of **UnitedHealthcare Insurance Company**.



Juanita B. Luis

SIGNED BY:

TITLE:

Assistant Secretary

UnitedHealthcare Insurance Company

DATED:

1/1/2019

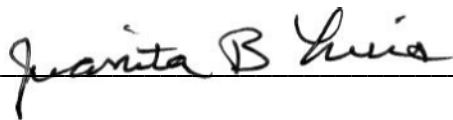
CERTIFICATION OF COMPLIANCE FOR READABILITY

I hereby certify that the forms referenced below meet the minimum reading ease score on the test and are readable under the rules and standards of your state.

Form
BUSINESS TRAVEL AMENDMENT

Form Number
BUSINESSTRAVEL.AMD.I.13.STT.DC.

Flesch Score
44.6

Signature:  Date 11/11/19



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www.innovative-compliance.com
RWeaver@innovative-compliance.com

UnitedHealthcare Insurance Company
NAIC No. 79413
H19G.000 Travel
Group Short Term Travel Product Filing

Single Case - International Medical Corps - Form

Enclosed, please find Amendment form BUSINESSTRAVEL.AMD.I.13.STT.DC that makes changes to the company's Short Term Travel product form POL.STT.I.13.DC et al approved by your Department on 1/3/17 under SERFF file number INCS-130800949.

These changes are applicable to the International Medical Corps (IMC) group only.

The accompanying rate filing has been made under SERFF file number INCS-132150952.

The proposed effective date is January 1, 2020 or upon operational implementation and legal notification requirements, if later.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

Renee Weaver
Compliance Consultant
Innovative Compliance Solutions, LLC
Ph: 763-323-8643
Email: rweaver@innovative-compliance.com